



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 16, 2007

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

Dear Ms. Hartwig:

On August 15, 2007, a complaint investigation survey was conducted at Unique Sr Care - Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 14, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", with a long horizontal flourish extending to the right.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure



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August 20, 2007

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

Dear Ms. Hartwig:

On August 15, 2007, a complaint investigation survey was conducted at Unique Sr Care - Assisted Living. The survey was conducted by Donna Henscheid, Social Worker. This report outlines the findings of our investigation.

Complaint # ID00002888

Allegation #1: The facility administrator/owner falsified cardio-pulmonary resuscitation (CPR) and first aid (FA) cards, therefore the employees that worked at the facility were not CPR/FA certified.

Findings: Substantiated. The facility was cited at 16.03.22.600.06.b for not having at least one direct care staff with certification in first aid and cardio-pulmonary resuscitation in the facility at all times.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Henscheid".

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Donna Henscheid, LSW, Health Facility Surveyor



ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date 9/15/07	Signature of Facility Representative	Date Signed
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